
State: Arkansas **Filing Company:** New York Life Insurance Company
TOI/Sub-TOI: MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other
Product Name: 2012 NYLIC PreStd & Stand Medicare Supplement
Project Name/Number: 2012 Annual Rate Filing/2012 NYLIC

Filing at a Glance

Company: New York Life Insurance Company
Product Name: 2012 NYLIC PreStd & Stand Medicare Supplement
State: Arkansas
TOI: MS06 Medicare Supplement - Other
Sub-TOI: MS06.000 Medicare Supplement - Other
Filing Type: Rate
Date Submitted: 09/11/2012
SERFF Tr Num: MUTA-128679790
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: BILL ROLLINS

Implementation: On Approval
Date Requested:
Author(s): Mark Schmitz, Bill Rollins
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 09/20/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** New York Life Insurance Company
TOI/Sub-TOI: MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other
Product Name: 2012 NYLIC PreStd & Stand Medicare Supplement
Project Name/Number: 2012 Annual Rate Filing/2012 NYLIC

General Information

Project Name: 2012 Annual Rate Filing
Project Number: 2012 NYLIC
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Mark Schmitz

Filing Description:
2012 Medicare Supplement Annual Loss Ratio Filing

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: A filing will be submitted in the near future to the New York State Insurance Department.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/20/2012
State Status Changed: 09/20/2012
Created By: Bill Rollins
Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Bill Rollins, Actuarial Assistant bill.rollins@mutualofomaha.com
Mutual of Omaha 402-351-6216 [Phone]
Mutual of Omaha Plaza
Omaha, NE 68175

Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
3316 Farnam Street	Group Code: 826	Company Type: Life and
Omaha, NE 68175	Group Name:	Health
(800) 995-5991 ext. [Phone]	FEIN Number: 13-5582869	State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Rate filing fee
Per Company:	No

Company	Amount	Date Processed	Transaction #
New York Life Insurance Company	\$50.00	09/11/2012	62592340

SERFF Tracking #:	MUTA-128679790	State Tracking #:		Company Tracking #:	BILL ROLLINS
State:	Arkansas	Filing Company:	New York Life Insurance Company		
TOI/Sub-TOI:	MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other				
Product Name:	2012 NYLIC PreStd & Stand Medicare Supplement				
Project Name/Number:	2012 Annual Rate Filing/2012 NYLIC				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/20/2012	09/20/2012

State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other		
Product Name:	2012 NYLIC PreStd & Stand Medicare Supplement		
Project Name/Number:	2012 Annual Rate Filing/2012 NYLIC		

Disposition

Disposition Date: 09/20/2012

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing. No increase was requested.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
New York Life Insurance Company	0.000%	0.000%	\$0	2	\$4,993	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	Rates 2012	Approved-Closed	Yes

SERFF Tracking #:	MUTA-128679790	State Tracking #:		Company Tracking #:	BILL ROLLINS
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State:	Arkansas	Filing Company:	New York Life Insurance Company		
TOI/Sub-TOI:	MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other				
Product Name:	2012 NYLIC PreStd & Stand Medicare Supplement				
Project Name/Number:	2012 Annual Rate Filing/2012 NYLIC				

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	10/01/2011
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
New York Life Insurance Company	0.000%	0.000%	\$0	2	\$4,993	0.000%	0.000%

State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other		
Product Name:	2012 NYLIC PreStd & Stand Medicare Supplement		
Project Name/Number:	2012 Annual Rate Filing/2012 NYLIC		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information		Attachments
1	Approved-Closed 09/20/2012	Rates 2012	7745-1, 8145-1, NYM13, NYM14, NYM15, NYM16	Other	Previous State Filing Number:	MUTA-127677232	AR ZIPLIST.pdf
					Rate Action Other Explanation:		Rates2012 Proposed.pdf

AREA FACTORS FOR ZIP RATED MEDICARE SUPPLEMENT POLICY FORMS

PREPARED BY: H&A ACTUARIAL

THESE FACTORS WILL BE REFILED ON AN ANNUAL BASIS AND ARE SUBJECT TO REVISION BETWEEN ANNUAL FILINGS.
FACTOR REDUCTIONS OCCURRING BETWEEN ANNUAL FILINGS WILL BE IMPLEMENTED WITHOUT FILING FOR APPROVAL.
FACTOR INCREASES OCCURRING BETWEEN ANNUAL FILINGS WILL NOT BE IMPLEMENTED WITHOUT FILING FOR APPROVAL.

Arkansas

Current Zip Code	Current Area Code	Current Factor	Proposed Zip Code	Proposed Area Code	Proposed Factor
<u>Digits</u>			<u>Digits</u>		
716	C	0.85	716	C	0.85
717	C	0.85	717	C	0.85
718	C	0.85	718	C	0.85
719	C	0.85	719	C	0.85
720	C	0.85	720	C	0.85
721	C	0.85	721	C	0.85
722	C	0.85	722	C	0.85
723	C	0.85	723	C	0.85
724	C	0.85	724	C	0.85
725	C	0.85	725	C	0.85
726	C	0.85	726	C	0.85
727	C	0.85	727	C	0.85
728	C	0.85	728	C	0.85
729	C	0.85	729	C	0.85
755	C	0.85	755	C	0.85

New York Life Insurance Company
Schedule of ANNUAL Base Rates
For Policy Form 7745-1 and Related Forms – ARKANSAS

RISK STANDARD

ISSUE AGE	INDIVIDUAL	FAMILY
65 & Over	1,436.10	1,396.42

SPECIAL CLASS PERMANENT EXTRA 1 PREMIUMS

ISSUE AGE	INDIVIDUAL	FAMILY
65 & Over	359.02	349.14

SPECIAL CLASS PERMANENT EXTRA 2 PREMIUMS

ISSUE AGE	INDIVIDUAL	FAMILY
65 & Over	574.44	558.58

SPECIAL CLASS PERMANENT EXTRA 3 PREMIUMS

ISSUE AGE	INDIVIDUAL	FAMILY
65 & Over	1,005.27	977.55

SPECIAL CLASS PERMANENT EXTRA 4 PREMIUMS

ISSUE AGE	INDIVIDUAL	FAMILY
65 & Over	1,579.74	1,536.12

SPECIAL CLASS PERMANENT EXTRA 5 PREMIUMS

ISSUE AGE	INDIVIDUAL	FAMILY
65 & Over	2,297.79	2,234.33

New York Life Insurance Company
Schedule of ANNUAL Base Rates
For Policy Form 8145-1 and Related Forms – ARKANSAS

Date Printed:
08/27/2012

H-81 Medicare Supplement Expense Policy

ISSUE AGE	INDIVIDUAL	FAMILY
56 & Over	3,890.32	3,781.63

**New York Life Insurance Company
Schedule of MONTHLY Base Rates
For Policy Form NYM13 – ARKANSAS**

**Date Printed:
08/27/2012**

UNISEX

AGE

All Ages 184.74

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY.

**New York Life Insurance Company
Schedule of MONTHLY Base Rates
For Policy Form NYM14 – ARKANSAS**

**Date Printed:
08/27/2012**

UNISEX

AGE	
All Ages	311.81

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY.

**New York Life Insurance Company
Schedule of MONTHLY Base Rates
For Policy Form NYM15 – ARKANSAS**

**Date Printed:
08/27/2012**

UNISEX

AGE	
All Ages	330.80

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY.

New York Life Insurance Company
Schedule of MONTHLY Base Rates
For Policy Form NYM16 – ARKANSAS

Date Printed:
08/27/2012

UNISEX

AGE
All Ages 693.62

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY.